DOCUMENT RESUME

ED 229 946 EC 151 955

TITLE	Art in the Lives of Persons with Special Needs. Proceedings of a Joint Conference of the National Art Education Association and the American Art Therapy Association, through Support of the National Committee Arts for the Handicapped. (Reston, Virginia, August 7-8, 1980).
INSTITUTION	American Art Therapy Association, Towson, MD.; National Art Education Association, Reston, Va.
SPONS AGENCY	National Committee, Arts for the Handicapped, Washington, D.C.
PUB DATE	Aug 80
NOTE	41p.
PUB TYPE	Collected Works - Conference Proceedings (021) -- Dissertations/Theses - Doctoral Dissertations (041) -- Viewpoints (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Art Activities; Art Education; *Art Therapy; *Disabilities; Elementary Secondary Education; Professional Development; *Professional Education; *Staff Role; Visual Arts

ABSTRACT

Seven presentations are featured from a 1980 conference on the role of art in the lives of people with handicaps. Three major themes were addressed in that conference: roles and responsibilities of art educators and art therapists, training and professional development, and programing. Each theme is addressed initially by summarized comments from discussion groups. These summaries are followed by excerpts from papers presented at the conference. In examining the topic of roles and responsibilities, perspectives of each profession are set forth: "The Roles and Responsibilities of the Art Teacher in Art Therapy" (R. Saunders) and "Art for the Special Person: Roles and Responsibilities of Art Therapists" (J. Rubin). Professional education is considered by T. Hatfield ("Some Questions about Professional Development: Art Education and Art Therapy" and L. Wilson ("Training and Professional Development--Art Therapy"). Suggestions for programing are made by A. Schectman in "Art Education Programing for Students with Special Needs: A Position" and S. Stoner in "A Not So 'Special' Approach to Art Programming for the Person with Special Needs." (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ART IN THE LIVES OF PERSONS WITH SPECIAL NEEDS

ED229946

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Ralph A Nappi

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 151955

Project Directors: **John J. Mahlmann,**
National Art Education Association
Georgiana Jungels,
American Art Therapy Association

CONFERENCE: AUGUST 7-8, 1980, RESTON, VIRGINIA

This report has been developed by the National Art Education Association and the American Art Therapy Association through support from the Special Projects Program of The National Committee * Arts for the Handicapped, an educational affiliate of the John F. Kennedy Center for the Performing Arts. The opinions expressed do not necessarily reflect the position or policy of The National Committee.

Funding for the conference and the publication was provided by
The National Committee*Arts for the Handicapped.

The National Committee* Arts for the Handicapped
1825 Connecticut Avenue N.W.
Suite 418
Washington, D.C. 20009

The National Art Education Association
1916 Association Drive
Reston, Virginia 22091

CONTENTS

Introduction
John J. Mahlmann 5

Roles and Responsibilities

Summary by Discussion Group 8

The Roles and Responsibilities of the Art Teacher in Art Therapy
Robert J. Saunders 10

Art for the Special Person: Roles and Responsibilities of Art Therapists
Judith A. Rubin 15

Training and Professional Development

Summary by Discussion Group 20

Some Questions About Professional Development:
Art Education and Art Therapy
Thomas A. Hatfield 22

Training and Professional Development—Art Therapy
Laurie Wilson 25

Programming

Summary by Discussion Group 30

Art Education Programming for Students with Special Needs: A Position
Angel E. Shectman 32

A Not So "Special" Approach to Art Programming
for the Person with Special Needs
Scott Stoner 36

Summary 39

INTRODUCTION

John J. Mahlmann

During the past year, the National Art Education Association and the American Art Therapy Association were privileged to work together, with the support of the National Committee * Arts for the Handicapped, in a joint effort to bring together leaders in the fields of the arts, art education, and the arts for special populations.

With a grant from the National Committee*Arts for the Handicapped, a study conference was planned and implemented, to become the first step in addressing areas of mutual concern in regard to the arts in the lives of persons with special needs. The intent of the conference was to encourage cooperative efforts between professional societies, to forecast future agendas for action, and to encourage greater dialogue, professional commitment, deeper research penetration, and mutual focus on this important area.

While the major papers that were developed for consideration and debate at the conference cannot be presented in total, just as we cannot provide the transcripts of two days of intense discussion, a summary of those papers that deal with areas of responsibility, professional preparation, and programming can be offered as a synopsis of the range and depth of the ideas addressed. These papers provide at least a sample of areas needing additional attention, cooperative ventures, and further dialogue and of the range of concerns of the professionals who participated in the meeting.

From the meeting came a far better grasp of the concerns each discrete profession faces, and through that understanding, a greater resolve to work together. One result of the conference was a serious intent to make this only the first step in a longer journey toward enriching the lives of special persons through continuing dialogue among people who have committed themselves to the arts and to the well being of those to whom the arts can bring special meaning.

The three major areas discussed in the papers form the core of the concerns we in both professions need to consider: the responsibilities unique to the art educator and to the art therapist; the best kind of education and training for each; and the most effective art programs for special students.

In this publication, we have edited a paper on each of these areas, by both an art educator and an art therapist. By this parallel view into the three issues, we

can better see both areas of common concern and considerations distinctive to each of the two disciplines.

The conference has also opened other doors. It points to possible collaboration in advocacy, for the two associations together can form a much stronger voice to alert government and community agencies, educators, and the general public to the possibilities art offers for deepening the quality of life for special persons. We can also gain much in sharing research efforts and findings, in order to uncover new ways in which the arts can contribute to the greater awareness, knowledge, expressiveness, and well being of special persons. The conference further points to the need for continual dialogue: through further joint conferences, through special sessions at the NAEA and AATA national conventions, and through publications.

As the administrator of the program for the National Art Education Association, I am appreciative not only of the individuals from our own ranks, our national staff, and others who made the meeting a success, but also of the representatives of the American Art Therapy Association, both for their dedication and for their cooperative involvement and wholehearted support of this joint venture.

Each of the three sections of this publication opens with a summary of the conclusions and recommendations formed by the discussion group which studied that particular topic of concern. The summary is followed by excerpts of the two conference papers dealing with the topic.

Roles and Responsibilities

The excerpts from conference papers, which comprise this publication, focus on three major areas which the participants addressed. In this first section, an art educator and an art therapist discuss the differences between the tasks facing the art therapist and those facing the art educator who works with special persons. The authors identify areas in which responsibilities are identical or similar, and those in which there is a marked difference. The two excerpts from papers offer insights into some of the challenges facing the professional in these two interrelated fields.

SUMMARY BY DISCUSSION GROUP

The mutual roles and areas of responsibility for the art teacher and the art therapist providing service to individuals with special needs include:

1. To know the basic goals of art education and art therapy.
2. To know the possible uses and limitations of art media.
3. To know the content of art as a subject area.
4. To know the creative process, its nature and values.
5. To know how children grow and develop in general and in art.
6. To know how to facilitate expression of personally relevant experiences through the media of art.
7. To become familiar with the benefits to be derived from other expressive art forms; e.g., music, dance, drama, and expressive writing.

8. To know how various disabling conditions are manifested, and how to facilitate art experiences for particular populations.
9. To obtain any additional learning deemed necessary in order to effectively serve populations with special needs.
10. To know the intent and ramifications of PL 94-142, other related legislation, and state and federal regulations affecting the provision of art to individuals with special needs.
11. To collaborate and participate with other members of the team concerned with providing special education and related services to the person with special needs.
12. To be knowledgeable about terms and techniques employed by other members of the team concerned with providing special education and related services to the person with special needs, and to be able to relate these to art education and/or art therapy.
13. To provide technical assistance about art and its potential to anyone on the team (teacher, counselor, etc.) for whom an awareness might facilitate its appropriate use for the child.

The art educator's position should be held by a qualified art educator, i.e. a certified art teacher.

The art therapist's position should be held by a qualified art therapist, i.e. a registered art therapist.

Recommendations:

1. To publicize and disseminate the proceedings of this joint conference so that local, state, and national legislative and administrative bodies are well informed of our mutual efforts in meeting the needs of handicapped persons through the media of art.
2. To establish operational definitions and clarify job descriptions so that others outside of the two professions will understand the roles and responsibilities of both the art teacher and the art therapist in an educational setting.
3. To actively participate in establishing criteria for additional learning/training needed by either the art teacher or the art therapist to more effectively serve the handicapped person.
4. To continue dialogue between NAEA and AATA in order to establish an ongoing working relationship.
5. To use the working relationship to politically influence and support legislation involving the arts in meeting the needs of handicapped persons.
6. To use the working relationship to pilot and establish meaningful art programs for *all* children which illustrate the importance of the arts in the total learning/living process.
7. To join with other arts organizations in supporting mutual planning and implementation of arts programs for all handicapped persons.

Robert J. Saunders opens his paper by describing some of the special functions of art therapy as stated by art educator Viktor Lowenfeld, with whom he studied. Dr. Saunders points out that, while these are as valid today as in the 1950s, the role of the art educator in regard to persons with special needs is more extensive at present and will be so in the future. He challenges art educators to take the initiative, as have art therapists, in contacting and working with school personnel to make certain that the most effective art experiences are made available to all mainstreamed and special children.

THE ROLES AND RESPONSIBILITIES OF THE ART TEACHER IN ART THERAPY

Robert J. Saunders

Does art therapy have any place in art education? We still have those art educators among us who have said "Art therapy? That's not art! It has no place in art education."

To the observation that "art therapy has no place in art education," I can think of no more clear and conclusive a statement than the one Viktor Lowenfeld makes at the opening of his chapter, "Therapeutic Aspects of Art Education," in the third edition of *Creative and Mental Growth.*

> It is one of my deepest innermost convictions that wherever there is a spark of human spirit—no matter how dim it may be—it is our sacred responsibility as humans, teachers, and educators to fan it into whatever flame it conceivably may develop. I venture to say that the ethical standard of a society can be measured by its relationships to the handicapped. We as human beings have no right whatsoever to determine where to stop in our endeavors to use all our power to develop the uppermost potential abilities in each individual.
>
> (Lowenfeld, 1957, p. 430)

Lowenfeld taught a graduate course which I recall as being, "Psychological Aspects of Art Education." We watched slides of the case studies Lowenfeld described in *Creative & Mental Growth* and *The Nature of Creative Activity,* and his work at Hampton Institute. We also discussed the role of the art teacher in art therapy. I came away with the point of view that the art teacher should be well informed about the therapeutic and psychoanalytical aspects of student art, but should not attempt such analysis unless well trained. Such analysis was the domain of the therapist; the art teacher, by being sensitive to it, could assist the therapist. If a student's art revealed severe emotional problems, we might suggest therapeutic assistance, but not give it. Such knowledge was helpful in using art for general child growth and development. Lowenfeld made this clear

when he wrote:

> It is neither the interpretation of symbols, nor a diagnosis reached by speculative inferences based on certain symbols, with which an art education method deals. *Teachers are neither prepared for this type of diagnosis or therapy nor do they have the proper background for it.* What they should be prepared for is adequate motivations which free individuals from their restrictions in expressing themselves, and that includes the body-image. The question arises as to the kind of stimulation which is used for therapy. It should be stated here emphatically that *a motivation used in an art education therapy only differs from any other art motivation in degree and intensity and not in kind.* (Italics—V.L.)
>
> (Lowenfeld, 1957, p. 435)

This observation parallels that made in the preface to the 1975–76 directory of the American Art Therapy Association, in citing two major approaches to art therapy:

> The use of art as a vehicle for psychotherapy and the use of art as therapy. Art as therapy implies that the creative process can be a means both of reconciling conflicts and of fostering self-awareness and personal growth. When art is used as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a compatible relationship between his inner and outer worlds.
>
> (Anderson, 1980 p. 20)

Both of these observations distinguish between the therapeutic aspects of the art making process and the psychoanalysis of the art product. There have been frequent warnings about untrained art teachers indulging in the psychoanalytic process unless they have had adequate training. At the time Lowenfeld wrote, it was safe to assume they had not been so trained and they were not likely to be.

There are two types of art activities in art education therapy: those which are part of the regular art program, of a preventative nature, encouraging self-expression and self-identification or empathy, and strengthening the self-image of normal children; and those which are specifically directed to remediate, investigate, and assist the handicapped or troubled child through art. Art teachers have been more-or-less traditionally prepared to do the preventative, releasing art program but not that which is remedial and prescriptive. As Lowenfeld suggests in the quotation, the difference is a matter of degree and intensity.

In the chapter on therapeutic aspects of art education, Lowenfeld described specific functions which art therapy can perform for the blind, deaf, cerebral palsied, neurotic, and psychotic. These can be restated in general terms; they establish a basis for identifying the role of art therapy in the schools.

In an art therapy program, the art teacher should be able to use art to assist emotionally disturbed and handicapped people:

1. *To adjust to and accept their handicaps.*

This includes both their *objective handicap* (the actual handicap as diagnosed and measured), and their *subjective handicap* (the individual's attitude to their impaired self-image caused by the handicap).

2. *To develop and strengthen their self-images as it relates to the social, cultural, and physical environment.*

This includes two aspects of self-image. The first is developed through the

sense of self-worth and accomplishment in mastering an art skill (process) or making an art object (product). The second is developed through self-identification, such as self-portraits, or including oneself in the subject matter of an art work.

3. *To experience the "self" and make contact with the social, cultural, and physical environment as a source of communication and information, in order to overcome the sense of isolation caused by the handicap.*

4. *To release frustration and restricted energies, and emotional tensions and rigidities caused by the handicap, and develop often neglected mental abilities, "thus opening the way to a freer mental development (p. 488)."*

5. *To develop compensating abilities in the remaining unimpaired sensory modes, and functioning body parts and organs.*

Some of these could be considered the responsibilities of art teachers in regular art education programming. They may have been sufficient for 1957, but they may not be enough for this year or in the future.

Public Law 94-142 has broadened the context in which art therapy is to have a role in education of the exceptional child. This was done, not only by the general nature of the legislation, but by specific comment in the Senate report, under "Section 121a. 304. Full educational opportunity", which says:

> Comment. In meeting the full educational opportunity goal, the Congress also encouraged local educational agencies to include artistic and cultural activities in programs supported under this part, subject to the priority requirements under Sec. 121a.320-121a.324. This point is addressed in the following statements from the Senate Report on Pub. L. 94-142:
>
> The use of the arts as a teaching tool for the handicapped has long been recognized as a viable, effective way not only of teaching special skills, but also of reaching youngsters who had otherwise been unreachable. The Committee envisions that programs under this bill could well include an arts component and, indeed, urges that local educational agencies include the arts in programs for the handicapped funded under this act. Such a program could cover both appreciation of the arts by the handicapped youngsters and the utilization of the arts as a teaching tool per se.
> (Fed. Reg. 94-142, p. 42188)

The responsibility is ours to see that art becomes effective in special education. We cannot expect school psychologists, principals, guidance counselors, and special education and regular classroom teachers to come to us. We must go to them. The AATA and registered art therapists have already taken that responsibility upon themselves; art teachers have yet to do so.

Art teachers can play a unique role in the education of handicapped children because they deal in visual perceptual skills and symbols, creative mental processes, and advanced manipulative skills not developed through cognitive learning activities alone. The art teacher can share information revealed through student art projects involving self-image and self-identification planned to express how the students feel about themselves, their handicaps, problems, school, environment, and the socioeconomic culture in which they live.

Art teachers have the responsibility of getting themselves invited to the PPT (planning and placement team) meetings held for one of their students. If they cannot attend, they should see to it that they are contacted ahead of time to dis-

cuss the student in relation to art. They should also suggest which of their art classes are "the least restrictive educational environments" for a particular student who is being mainstreamed.

Art teachers should also be able to assist in planning the IEP's (Individualized Educational Programs) for special students assigned to them, with the special education person responsible for the student. When a student is mainstreamed into art for specific therapeutic or remedial purposes related to a handicap, instead of for social purposes, a prescription or IEP is necessary. This should be a joint effort, so the art teacher can identify the course, class, or art activities which are most promising of success.

Art teachers also have an obligation to inform those who are not in the arts but are responsible for mainstreamed and special students. This is not a question of territoriality of disciplines: In therapeutic situations the student, not the discipline, is the territory. It is not a matter of us *or* them, but of us *and* them working together for the good of the child. That is our ultimate responsibility—to demonstrate that art education therapy has something valid, effective, and unique to offer exceptional children which helps do the job more comprehensively.

REFERENCES

Frances E. Anderson, "Art Therapy: Myths and Realities" *Art Education*, Vol. 33, No. 4, April 1980, pp. 18–21.

E.P.C.—Educational Policies Commission Report—"The Role of the Fine Arts in Education" Washington, D.C.: National Education Association, 1968, reprinted in *Art Education*, Vol. 21, No. 7, 1968, pp. 3–7. Note: The six rationales for art in the schools are, Historical, Art-for-Arts Sake, Therapy, Creativity, Acceptance-of-Subjectivity, and End-of-Work.

Federal Regulations—Concerning P.L. 94-142, Basic Regulations for Part B, Education of the Handicapped Act as amended by P.L. 94-142, Vol. 42, No. 163. (page 42188). August 23, 1977. Washington, D.C. U.S. Department of Education

Viktor Lowenfeld, *Creative and Mental Growth*, 3rd Edition, New York: Macmillan Company, 1957, pp. 497-508.

James E. Russell "The Role of the Arts in Education," in *Conference on Curriculum and Instruction Development in Art Education: A Project Report*, Alice D. Baumgarner, Director, Washington, D.C.: National Art Education Association, 1967, pp. 62–77.

Elinor Ulman, Art Education for Special Groups: "The Emotionally Disturbed," in *Encyclopedia of Education*, New York: Free Press, The Macmillan Co., Vol. I Acad-Canna, pp. 311–316.

Robert J. Saunders is art consultant, State Department of Education, Hartford, Connecticut.

Judith A. Rubin, while emphasizing the necessary differences between art therapy and art education, explains how specialists in each area could benefit from education in the alternate discipline. She then clarifies the uniqueness of the two roles by describing an example of a child in need of clinical diagnosis and treatment, and how the kind of help needed calls for the particular expertise of the art therapist.

ART FOR THE SPECIAL PERSON: ROLES AND RESPONSIBILITIES OF ART THERAPISTS

Judith A. Rubin, Ph.D., ATR

The guidelines for this conference ask, "What is unique to an effective art teacher's role in the special education setting? In a mainstreamed setting?" and "What is unique to an effective art therapist's role in the clinical setting?" While it is probably true that there will always be more teachers in schools and more therapists in clinics, it would be foolish to assume that the optimal division of labor in art for the handicapped is in terms of *where* the work occurs. Nor can we define our respective roles in terms of *whom* we serve, despite the common misconception that, if one is providing art for someone who is deviant, one is ipso facto doing "art therapy."[1]

Nor is the distinction in *what* is done, since materials and activities often look very much alike in the two endeavors. Instead, the critical variable is *why* the goals of the art activity. When the needs of the person, for example, are for assessment and treatment, most would agree that a therapist is the art-giver of choice, regardless of the particular handicapping condition or the setting involved. Only a trained clinician is prepared to use art for purposes of diagnostic classification, or to ascertain the nature of the conflicts underlying symptoms. While an educator with the appropriate training might be able to assess the level of a child's artistic development, he is not prepared to look at psychological and psychodynamic variables, or at subtle cognitive capacities and deficits. (cf.

1 An exception to this generalization would be those profoundly impaired populations, lacking the ability to function in an art classroom, with whom the therapist might work at first in order to help them to take advantage of what the art teacher has to offer. In a similar fashion, those who are severely emotionally disturbed might do best to learn their art under the guidance of someone skilled in therapeutic and diagnostic understandings, a therapist rather than a teacher.

Silver, 1978) We would probably agree that, when the goals of a given art intervention are primarily social and emotional, the therapist who understands interpersonal and intrapsychic dynamics would be better equipped than the educator. The teacher, on the other hand, would be the best person for the job when the aims are mainly aesthetic and creative.

I believe we do both fields a disservice if we pretend that it doesn't matter whether the "art" position in a school for exceptional children is filled by an educator or a therapist. In the best of all possible worlds, I envision not only room for both, but a very real need for both. And I think that whenever one person tries to do both simultaneously (or even alternately), the waters do get muddied, and the quality of both education and therapy is compromised. At the Western Pennsylvania School for Blind Children, for example, there is an art teacher *and* an art therapist. The art teacher is much more concerned with skills and perceptual-cognitive goals; the therapist is much more concerned with feelings and affective goals. The children who need therapy see both of them, and while they may get a great deal of "therapeutic" gain out of their art sessions with the teacher, that is secondary; the same is true of whatever aesthetic or skill development may occur in their meetings with the therapist.

I believe we would all agree that all special persons need creative experiences in art, and deserve the development of individual potential, most often the job of the trained art educator. In addition, I would imagine that a fairly high proportion of disabled individuals would benefit from the services of a well-trained art therapist, who could help them to deal with the complicated feelings, frustrations, and fantasies which inevitably accompany a handicapping condition. As the law (PL 94-142) is now written, it allows "art therapy" to be provided as a "related service," which means that which is "necessary to assist the child to benefit from special education." At this point in time, "therapy" is usually provided only when the person is having difficulty using the educational opportunities available. Hopefully, it will soon be understood that an ounce of prevention really is worth a pound of cure; and the handicapped, who are "high risk" for emotional disorder, will be provided with services which help them to cope with the feelings and fantasies involved in the disability. An example of art therapy used in a preventive way, would be the mother-child art therapy groups conducted at a school for the blind (Rubin, 1974). There were separate and joint art therapy groups for mothers and children, in both of which the emphasis was on feelings, especially about the handicap.

Perhaps it would help to give an example in some detail of how an art therapist's skills and understandings can be used to help a handicapped child to overcome emotional problems interfering with his academic growth.

> We might use the skills and understandings we have learned in assessment, for example, to try to figure out why it is that Tommy can't learn braille, even when the professionals assure us that he has the intellectual and tactile wherewithal. We discover, from an art interview, that he is struggling with angry feelings about his progressive blindness which make him feel like a "bad" boy, and which he sees as somehow connected with his disability, which is felt as a punishment. We find too that he has a fantasy that, if he pretends that he isn't going blind, he will magically make it go

away. These are not things Tommy knows about consciously. All he knows is that he does .'t like braille and finds it difficult. Telling him these things directly would do no good; he is not ready to hear them. But helping him through art therapy to symbolically express his wishes and fears, and to begin to connect these with what he does and feels and thinks; can help him to discharge some of that rage, give up that fantasy, go through the mourning his loss demands, and go on to use his energy in a constructive manner, including the learning of braille. While he might be helped via other approaches, art is a good therapeutic modality for him for many reasons: it involves touching, which is one of his inhibitions, and it enables expressions of both anger and wishful fantasy in a safe and constructive way, allowing him to "know" at a symbolic level before he is ready to integrate that understanding consciously. Art activity alone would not do this for Tommy; only art therapy where the worker's focus was on his particular disabling conflicts, could help him not just to express them, but also to look at them and work them through.

An art therapist might also have seen Tommy as part of a group of children his age, perhaps with similar problems; or might have chosen to see him with his family. These judgments would be made on the basis of the therapist's assessment of the nature of Tommy's problem, his strengths and weaknesses, and the pros and cons of each art therapy approach in terms of his needs and relevant reality factors. Such decisions can only be made well on the basis of psychodynamic considerations. It would seem evident that this can only be done by someone with the requisite academic and clinical training in both diagnosis and therapy. It would be inappropriate and unfair to ask an art teacher to make such decisions. It would be even more unrealistic to expect an art teacher to do "therapy" by sending her Tommy on a one-to-one basis for "art." As Bettelheim said long ago, it is usually true in treatment that "love is not enough." It is equally true in therapy that "art is not enough," despite the fact that on rare occasions it seems to be sufficient, or that it is indeed the main ingredient of the therapeutic work.

While an art therapist can provide direct service to the handicapped and their families, another most relevant role is in indirect service—training, supervision, and consultation for other caretakers. One might act as consultant or supervisor to another art therapist, or to art or classroom teachers and other members of the educational team. In such instances, I would see the art therapist's role as helping those personnel to do the art-therapeutic part of their jobs better. This might involve assessing where children are developmentally (cf. Williams and Wood, 1977), setting goals for individuals and groups, or defining ways in which art activities might be more therapeutic in the broadest sense of the word. (cf. Rubin, 1978)

Art therapists and art educators can also play mutually enhancing roles at the university level, in part by becoming involved in each other's training programs. I think most art therapists would benefit from the kind of learning available in a good class on methods and materials; and most art educators would benefit from a course on the therapeutic aspects of their work. Those interested in art with the handicapped might even share a course in which both educational and therapeutic art programs are observed; where students could "get the feel" of both roles via practicum assignments, and where they would be helped to see

both commonalities and distinctions between the two fields.

Just as joint work on courses or on projects in institutions would facilitate continued dialogue, we have much to gain from collaborating on empirical research, on those many studies which need to be done in order to provide better art experiences for the handicapped. While there are many methodological problems involved, we must try to do so; for there is much to be learned from the handicapped about human experience via their creative encounters (cf. Lowenfeld, 1952), and much we need to know about how to better help them through art—whether the goals are educational or therapeutic.

You will note that I have used the adjective "trained" to qualify both art therapist and art educator. That, of course, is a concern of both fields, but is an essential component of any consideration of roles and responsibilities. Perhaps our greatest responsibility, in addition to distinguishing our respective roles, is to clarify for ourselves and the public the difference between a qualified worker in our fields and one who is not. Just as art educators are not qualified to be art therapists without additional training, so art therapists are not qualified to be art teachers without the requisite learning. And no one is qualified to be either, who has not fully prepared himself for work in either teaching or treatment.

Because we are here concerned with the "special person," we need to look very carefully at our respective training programs and standards for registration or certification, and address the issue of the kinds of experiences essential for work with exceptional populations. Art education programs typically do not include such training, and art therapy programs often concentrate on the emotionally disturbed, neglecting other areas of disability. With the growth of mainstreaming and the provision in PL 94-142 for art therapy as a possible related service, I believe we should both be thinking about including some learning in the psychology of the exceptional as part of our required training. Certainly we need to think about courses in art teaching and/or therapy with the handicapped, perhaps along the lines described above. In any case, even a "well-trained" art educator or therapist would be irresponsible to assume that he is prepared to work with the handicapped with no preparation or guidance.

I believe this is a matter of professional ethics, and is related to the all-too-common problem of an activity or worker masquerading as art therapy when it is really art education, and vice versa. I hope we can all feel pride in the quality of our own discipline, and can be clear with the public about distinctions, as well as commonalities (cf. Kramer, 1980; Packard & Anderson, 1976; Stoner, 1978). I believe we are responsible not only for the integrity of our disciplines, but also for the integrity of our practitioners. If we can be clear with ourselves and with others, then we can work together to ensure that the handicapped get not only *more* art, but the *best* art education and art therapy we can provide.

Judith A. Rubin is assistant professor, Child Psychiatry, at the University of Pittsburgh, and art therapist, Pittsburgh Child Guidance Center, Pittsburgh, Pennsylvania; she is past president of the American Art Therapy Association.

REFERENCES

E. Kramer, "Art Therapy and Art Education: Overlapping Functions," *Art Education*, 1980, Vol. 33, No. 4, pp. 16-17.

V. Lowenfeld, *The Nature of Creative Activity*, London: Routledge & Kegan Paul, 1952.

S. Packard and F.E. Anderson, "A Shared Identity Crisis: Art Education and Art Therapy," *American Journal of Art Therapy*, 1976, Vol. 16, pp. 21-28.

J.A. Rubin, *Child Art Therapy: Understanding and Helping Children Grow Through Art*, New York: Van Nostrand Reinhold, 1978.

R. Silver, *Developing Cognitive and Creative Skills Through Art*, Baltimore: University Park Press, 1978.

S. Stoner, "Art Education and Art Therapy: Dynamic Duo?" in Mandel, B.D., *et al.*, eds., *The Dynamics of Creativity*, Baltimore: AATA, 1978.

G. Williams and M.M. Wood, *Developmental Art Therapy*, Baltimore: University Park Press, 1977.

Training and Professional Development

The education and training of the art therapist and of the art educator who works with special persons are highly specialized. Because the two professions are different despite their overlap, the professional preparation involved for each must be distinct. In this section, an art educator and an art therapist explain what each would recommend as the education and training needed to qualify a professional for each of these two areas of art for special persons.

SUMMARY BY DISCUSSION GROUP

Three major questions were raised by this study group:

1. What do we want the art educator to be able to do?
2. What do we want the art therapist to be able to do?
3. What are the inherent professional relationships between the art educator and the art therapist?

Three basic premises were accepted:

1. It is important that we not try to make the art educator a therapist and the art therapist an art educator. The two professional roles and responsibilities are different with regard to specific goals and to methods and processes.
2. The guidelines for training in art therapy are at the master's level, and are clearly identified by the American Art Therapy Association.
3. The training of the art educator is clearly identified in published documents of the National Art Education Association.

Recommendations:

Art Education

1. Professional entry level for art education as specified in NAEA guidelines is undergraduate training.
2. We support the NAEA guidelines for undergraduate and graduate education and in addition, recommend the following:
   A. Knowledge of abnormal development and behavior.
   B. Knowledge of the process of art therapy.
   C. Knowledge of the foundation of art therapy.
   D. Interdisciplinary consultation skills.
   E. Knowledge of law, policies, and regulations related to education and treatment.
   F. Knowledge of the special educational needs of the full range of populations as foundational work.
   G. Opportunity to specialize in specific population groups.

Art Therapy

A. Knowledge of normal graphic development.
B. Knowledge of pedagogical art education methods.
C. Knowledge of art materials and techniques.
D. Knowledge of foundational art therapy theory.
E. Skills in working with other helping professionals, including consultation, In-service presentations, team collaboration, parent and staff education, written and oral communication.
F. Knowledge of law, policies, and regulations related to education and treatment.
G. Knowledge of the full range of populations.

In addition to the group's consensus for further dialogue, some specific areas for further discussion were recommended:

1. Are schools the only service area of overlap? What other institutions and practices should we consider?
2. Should, and how should, the two professional organizations influence state licensing and certification of the other?
3. What procedures should be established to further cooperative efforts between AATA and NAEA in training and development?
4. What are the job market implications of these issues?

Thomas A. Hatfield founds his paper on a series of questions which make us face the practical aspects of what we are trying to do in the education of professionals in art education and art therapy in regard to the whole educational community. His paper serves as a warning to us to think clearly, be definitive, and plan carefully from the ground up. His comments direct us to economy and effectiveness.

SOME QUESTIONS ABOUT PROFESSIONAL DEVELOPMENT: ART EDUCATION AND ART THERAPY

Thomas A. Hatfield

The following are selected comments from the original paper.

The aim of this paper is to examine the relationships of art therapy and art education in regard to professional development. More specifically, as an art administrator, I am concerned with the application of such a notion at the local level of public school education. The purpose of this paper is to argue for the development of planned relationships at the local level through professional development that capitalizes upon strengths and contributions of various specialists. It is also my hope to identify major operational questions rather than to provide specific answers.

New ideas, programs and courses are always surfacing—to reflect new demands and conditions in the education community. For example, when one examines the topics of our art education journals and convention agendas for the past three or four years, one sees that a large number of specialized topics have been generated. What one must ask is: How much can we expect from the art teacher training programs? Should we institute courses in museum art, community education, AIS, migrant art, gifted and talented, art careers, art advocacy, environmental art, art for the aged, art criticism, pre-school art, minority art, rural art, aesthetic education, art and other arts, art for the handicapped? Many of these are desirable and warranted, but two problems will surface. One is: if we add *all* these upon our current programs, our art teachers will begin their careers at age fifty. Secondly, for everything we add to the curriculum, something has to be removed. A hundred years ago there was no biochemistry, genetics, or organic and inorganic chemistry. There were only zoology and botany. The old dividing lines between physiology and psychology hardly mean anything nowadays. The same is true between economics and government, and among logic, statistics, mathematics, and linguistics. A cartesian view of the

world is rapidly diminishing away from parts and components and moving toward the global and the whole.

We are now organizing our achievement of goals through more interdisciplinary efforts. This is true of government, big business, the university, the medical profession, the environmentalists, and education. About thirty years ago NAEA was organized for art teachers; now we are examining relationships with art therapists, museum educators, artists, commercial artists, and art historians.

PL 94-142 and other federal legislation have influenced the field of special education, with IEP's, mainstreaming, accessibility, related services—all of which cross over subject areas and disciplines. Twenty-five years ago one hardly heard of the special education teacher in the public schools. As we plan for this new area of education, it seems imperative that the roles, functions, and purposes of the various professionals working in the school system be defined. When one looks at the possibility of art educators, art therapists, classroom teachers, special education teachers, and perhaps artists providing services to special children, it seems quite possible that these professionals could be stumbling over each other in the name of educational services. What is obvious is a need to clarify: Who does what?

I believe it is too oversimplified to add on a course, hold some inservice, or hire some additional people. The answers are not as important as questions: What do I contribute? There will be problems: problems of authority and of certification. What is needed? What is legitimate? What are the limitations? There are also problems of aim, purpose, task, and what is effective and what is the best way to organize.

Whatever "education" is for a teacher, a therapist, or the student, it is determined and implemented by that particular individual in a particular school or setting. In spite of theory, research, training, and guidelines, the bottom line is *that person* at the local level translating it to the students, to the school, and to the community.

The notion of retraining or conducting inservice to make art teachers into art therapists, or classroom teachers into art educators, or special education teachers into art therapists would be ineffective. What is necessary is to ask of each other and in concert: *What is it we do best?* How can we be effective? What can we contribute?

The task is not to breed more generalists. It is to enable the art educator, the special educator and the art therapist to make their aims and contributions more effective. What is necessary is for each to think through what he or she does, who needs to know about it, and what understanding is necessary to make each specialist effective.

If each of these individuals representing different areas of aims and expertise does not address the question: What do I contribute?, he is likely to aim too low or aim at the wrong things. Therefore professional development must concentrate on clarifying the direct aims, roles, and functions, the development of supportive values and their reaffirmation, and the self-development of people.

Professional development may be defined in many ways: pre-service, inservice, teacher centers, graduate programs, certification process, active member-

ship in our associations, reading our journals, attending our conferences, and many others. No matter how professional development is defined or implemented for art educators and art therapists, I believe it will require thinking and understanding in at least three areas in order for individuals to function effectively in the public school setting. The three areas are purpose, staffing, and personal effectiveness.

The first area is the understanding of purposes—what is it we want to do or to accomplish? What is it we *should* be doing?

The second area is staffing. By staffing, I do not mean how many people to hire, but rather, how to bring people together for joint work in the public school setting. How do we balance the objectives of the school against the aims of the individual and of the specialists? How do we provide for flexibility and individual direction? And how do we prepare art educators, art therapists, special education teachers, and classroom teachers to work and plan together, to form effective relationships?

The last area is personal effectiveness. Teams, groups, collectives, associations, and other organizations are legal fictions. They are made up of *individuals*. And it is individuals who decide, plan, and act. It is the individual who must ask: What do I contribute? What is my job? Am I effective? Effective individuals make realistic self-assessments. What self-development do I need? What standards do I set for myself? How do I approach excellence? This means much more than learning a few more art techniques. Self-appraisals are professional demands for excellence; they are demands for high aspirations and for effectiveness.

I have observed one thing: individuals grow according to the demands they make upon themselves.

Thomas A. Hatfield is art consultant, State Department of Education, Columbia, South Carolina.

Laurie Wilson focuses on specific courses needed by art educator and art therapist. She identifies what she considers the most difficult aspect of art therapy training: the development of psychological understanding and therapeutic skill in meeting the needs of children. For art therapists she recommends the guidelines established by AATA. For art educators, she lists a specific series of courses and areas she considers essential. In both, she urges that art therapists and art educators would benefit from training in the alternate discipline.

TRAINING AND PROFESSIONAL DEVELOPMENT— ART THERAPY

Laurie Wilson, Ph.D., ATR

Art teacher and art therapist share one very obvious realm: both need to know how to help children make art. In very practical terms, both professionals must know how to arrange a room, provide supplies and materials, and motivate children to use these materials for the making of unique artistic products.

Competence in the use of those materials is considered a prerequisite to professional training for art therapists. In art education this competence is usually gained in the process of art education training at the undergraduate level. I can easily see this practice continuing, with special training and state certification for work with the handicapped being set at the MA level.

Beyond knowing how to make art themselves, both art teacher and art therapist must know how to teach art making skills. Both must be thoroughly familiar with the normal stages of graphic development in children. Both should be aware of perceptual development in childhood. Both should have an appreciation of the ways in which aesthetic judgment may be promoted, although clinical necessity often precludes this focus in art therapy sessions.

Art teacher and art therapist should thus share common skills in knowing how to evaluate and facilitate children's art work along developmental, perceptual, and aesthetic lines. Both should also know how to discuss art work with children in ways that promote self esteem, automony, and respect for others. Since it is essential for art therapists to have such knowledge even if they work in strictly clinical settings, I would add to art therapy training, a course or courses to include developmental stages in the visual arts and methods and principles of teaching art.

For all professional art specialists who work with handicapped children in educational or clinical settings, additional skills and knowledge must be ob-

tained; for the nature and degree of the child's disability—emotional, physical, developmental, or neurological, must determine the means which are used to help him achieve his fullest potential.

Everyone who works with the disabled child must have a thorough grounding in the nature of the disability itself, and the methods which have been effectively used to evaluate and treat it. As art teacher, he must know about the cognitive and perceptual aspects of the condition and study ways to adapt his art teaching skills to meet the special needs of each particular condition. If he is an art therapist, he must, in addition, focus attention on the psychological aspects and side effects of such conditions.

Both art teacher and art therapist must come to appreciate the psychological distortions and disturbances which accompany various disabilities and often act as subtle impediments to growth. They should, for example, know that the anger and sense of helplessness experienced by the physically disabled child can immobilize him as effectively as the physical condition itself.

Up to this point in their training, art therapists and art teachers who work with handicapped children will have much in common. But here the divergence sharpens.

ART THERAPY TRAINING

Upon learning about disabilities in childhood and the means of providing art experiences to such children, the student of art therapy will learn to aim toward clinical goals rather than educational ones since his expertise will be in working with the psychologically disturbed. Several years of study and at least 600 hours of closely supervised practical experience are essential preparation.

Coursework and practicum experience will train the art therapy student to read children's art work from a psychological as well as perceptual and developmental point of view. He will learn how to conduct art therapy diagnostic evaluations of children and will come to appreciate the similarities and differences between these and the psychologist's battery of projective and mental tests.

Methods of clinical intervention will be learned, and students will be trained to work as part of the mental health team. The art therapy student will learn how to facilitate art activities that promote psychological health, sometimes at the expense of cognitive, perceptual, or aesthetic growth. Certainly his dialogue with the children will reflect this focus. He will need to learn a kind of passivity and tolerance for both successful and failed art efforts. This attitude, that is essential for clinical work, parallels, but is subtly different from the infinite patience of the art teacher working with special children who must repeatedly explain and demonstrate methods and concepts.

In my experience, the most difficult challenge of art therapy training is the development of psychological understanding, therapeutic tact, and acumen in response to the psychological needs of the children. The subtleties and complexity of both conscious and particularly unconscious factors present a considerable challenge to students. The overt meaning of children's art work and behavior in the artroom is only a small part of what must be understood by an art therapist. The focus of training is on teaching students to discern and respond

appropriately to the hidden and usually unconscious content of artwork and behavior.

The sources of conflict and distress are usually to be found in these places, and therapeutic growth evolves best from such understanding. Almost equally difficult is the task of training students to develop and sustain therapeutic relationships with emotionally disturbed children. Often personal therapeutic treatment is recommended as necessary preparation for such work because of the need for these professionals to be fortified by self understanding against the intense pressures emotionally disturbed children will place upon them.

Having observed how formidable a task it is to prepare art therapy students for competent work with the emotionally disturbed, I suggest that this conference has a problem it must address: work with the emotionally disturbed and with the psychological aspects of other handicapping conditions. Unlike many other areas of human functioning, psychological understanding and methods of treatment cannot be simplified or reduced to easy formulae. Indeed, not only does a little knowledge not go a long way, but can in fact be a dangerous thing. Rigorous course work in child psychopathology may avert some of the worst misunderstanding, but close attention would also have to be paid to admission standards for programs training art teachers to work with the handicapped. Current training in art education does not prepare teachers for work with the emotionally disturbed. I am not even sure that the "ideal program" proposed in this paper would adequately prepare the art teacher to work with this population. Such children, however, are in the public school systems in increasing numbers. Since public school systems rarely employ therapists, what sort of hybrid training can or should be designed to meet this particular need?

CURRICULA

Though I believe the best answer to this will remain double training in art therapy and art education I am proposing a curriculum plan with two curricular options that could serve as a starting point for discussion. Guidelines for art therapy training have been established by the American Art Therapy Association. They are deliberately designed as open and flexible to allow graduate programs the freedom to frame a variety of training models. I believe they are essentially sound and would add only one component: I believe art therapists need some training in art education methods.

The proposed model for training art teachers to work with handicapped children is as follows:

M.A. ART EDUCATION HANDICAPPED CHILDREN

Art Specialization

Developmental Stages in Visual Arts
Introduction to Psychological Aspects of Art
Pictorial and Sculptural Analysis
Teaching Art to Emotionally Disturbed Children
Teaching Art to Handicapped Children
Crafts for Special Populations

Curriculum Design for Remediation through Art
Student Teaching (two semesters with two different handicapped populations) in an Educational Setting

Psychology—Special Education

Psychological Disturbances in Childhood
Psychology and Nature of Mental Retardation
Psychological Aspects of Physical Disabilities
Psychological Foundations of Learning Disabilities/Neurological Impairment
Selected course in Diagnosis and Educational Assessment; Remediation in Special Education

Prerequisites

Art Education—Methods and Theories
30—Studio Art
Introduction to Psychology
Developmental Psychology
Educational Psychology
Theories of Personality

Courses necessary to state certification would be included depending upon the state.

CURRICULAR OPTIONS

In addition to these models I would propose options for students in both programs. Such an arrangement would provide students with the options of selecting the work most suitable to their capacities and interests—something that may not be fully clear at the outset of training. In my experience I have observed a number of students who began graduate study with every intention of becoming an art therapist and who found eventually that they were not as well-suited for intense clinical work as they were for inspiring, teaching, and sharing their love of art with groups of handicapped individuals. These students could be advised to transfer without causing a major disruption in their career plans and training.

ART THERAPY OPTION

(To be taken in addition to the M.A. Art Education Program)

12 Points of Intermediate and Advanced coursework in Theory and Practice of Art Therapy
600 Hours of Supervised Practicum in Art Therapy at a Clinical Setting
6 Points Psychology
Abnormal Psychology
Survey of Projective Techniques

ART EDUCATION OPTION

(To be taken in addition to the M.A. Art Therapy Program)

Teaching Art to Emotionally Disturbed Children
Teaching Art to Handicapped Children
Crafts for Special Populations
Student Teaching—two semesters with two different handicapped populations in an educational setting
Two Psychology Courses to be Selected from:
Psychological Disturbances in Childhood
Psychology and Nature of Mental Retardation
Psychological Aspects of Psychical Disabilities
Psychological Aspects of Learning Disabilities/Neurological Impairment

Certification requirements as necessary.

It is my hope that these proposed programs are viewed not as fully conceptualized plans but as the broad outlines toward provision of adequate training for a variety of professionals who could offer art to handicapped children.

Laurie Wilson, Ph.D., ATR, is associate professor and director, Graduate Art Therapy, New York University, New York, New York, and membership chairman, American Art Therapy Association.

What should be the nature of the curriculum for special persons, and what role should art play? To what degree should the art curriculum be "special," and in what measure should it be identical with the non-"special" curriculum? In this section of the publication, an art therapist and an art educator respond to these questions, and discuss mainstreaming, special programming for various kinds of handicapping conditions, and innovative strategies for working with particular individuals.

SUMMARY BY DISCUSSION GROUP

The participants in this study group felt programming could not be narrowly defined or described. They reached agreement on five issues they considered to be crucial:

I. In programming, it is important to define goals for the visual arts experience and the special person. Both the art educator and the art therapist should:
   1. Identify potential artists and designers;
   2. Enhance the learning of the entire school population through visual and aesthetic means;
   3. Acquaint the entire school population with our visual heritage.

In addition to these three agreements, the art therapist should:
   1. Identify and remediate emotional, social, cognitive disabilities through

art;

2. Provide assessment and prescriptive assistance support;
3. Help develop the student's fullest potential for participation in the existing school art program.

II. The educational setting was defined as the mutual consideration for both the art educator and the art therapist. The educational settings considered were public and private institutions: the self-contained classroom, the mainstreamed classroom, and the one-to-one (individual) working setting for the teacher/therapist.

III. Programming must consider the special needs population that is to be served. Art teachers and art therapists should be knowledgeable about disorders including the emotionally disabled; autistic; profoundly mentally retarded; trainable mentally retarded; educable mentally retarded; learning disabled; communication disordered; neurologically impaired; perceptually impaired; orthopedically impaired; visually impaired; auditorially impaired; socially maladjusted; and the person with non-special needs/handicapped.

IV. Programming should consider content and sequence of activities. Consideration should be given to a curriculum tailored to the needs of special students. The implementation of the curriculum is achieved through a team approach concept that would include: art teachers, regular and special education classroom teachers, art therapists, and other resource specialists.

V. Programming should include the assessment of the student's abilities. All needs assessment should be discussed appropriate to both current and future needs. The needs assessment issue would also include other topics such as teacher/therapist preparation and appropriate media.

The following additional issues were identified:

1. Evaluation procedures for the visual art experience of the special needs student;
2. Procedures for implementation of an arts program for the special student.
3. Programming proposals that are based on an art education model instead of relying on arts experiences applied to a special education model;
4. Data collection to establish the viability and value of art experiences for all children.

Angel E. Shectman's paper concerns the individual student. She emphasizes the need to design art curricula for the many kinds of special students: the brain-injured, the orthopedically handicapped, the visually impaired, the emotionally disturbed, for example. She discusses problems likely to arise in mainstreaming, and recommends a number of alternative strategies for meeting the needs of the special child in the regular classroom: alternative assignments, contracts, the buddy system, and others. Her statements caution us that there is no simple answer.

ART EDUCATION PROGRAMMING FOR STUDENTS WITH SPECIAL NEEDS: A POSITION

Angel E. Shectman

Under most state laws and regulations for special education, a child is considered handicapped when he or she is impaired physically, emotionally, intellectually, or socially to such an extent that he would not be expected to function educationally in a manner similar to that of children not so impaired.

The objectives of art education for students with special needs parallel those for regular children. The Cognitive, Affective, and Psychomotor Domains (Bloom's 1964 Taxonomies) should be considered by those planning art education programs for special children.

It is important to realize that the handicapped child usually has more than one handicap. Although the student has been classified and placed into a supposedly homogeneous self-contained classroom by his major problem, it is, in reality, a heterogeneous group of children. Each group has common needs, varying individual needs, and readiness levels. All of the child's characteristics affect art curriculum. It is the relationshiip of one's needs, abilities, perception, and visual experience to the learning processes that promotes successful art experiences. Therefore, knowledge of the individual needs is crucial to success and is the very heart of all art education programming.

There is no "stock" answer to special education art programming. It should start with the special needs and the readiness level of the student. The art teacher has to make decisions concerning which art experiences, concepts and skills, approaches, and presentation order are most appropriate to meet a particular student's unique needs.

GENERAL AREAS OF CONCERN

There are general areas of concern common to most handicapped students which should be considered. These include self-image improvement through

achievement; material handling and basic processes; fine motor skills and hand/eye coordination; work habits; task organization; follow-through; directionality; spatial relationships; form discriminations; body concepts; perceptual training; and the use of art elements and principles, art history and art appreciation, dependent upon the extent of the student's ability.

However, there are concentration areas within specific handicaps which also should be considered. For example, with retardates—initial stress should be placed upon materials and tools manipulation; basic art skills and processes; form, color and amount discriminations, including letter and numeral recognition, figures and shapes.

For the Brain-injured—directionality; figure/ground relationships; depth perception; understanding figure concepts, body parts placement and middle of body line; balance and ability to place self in relationship to space.

For the Orthopedically handicapped—space positions in relation to self; spatial depth and distance perceptions; media and tools manipulation; body concepts; balance.

For the Visually Impaired and Partially Sighted—color identifications and relations; tactile projects; forms; spatial judgments.

For the Emotionally Disturbed—acting out and expressive activities; group projects for social interaction; repetitive and rhythmic activity to promote feelings of security; movement experiences; complex or detailed projects to develop patience and careful work habits.

For the Communications and/or Auditorily handicapped—projects which require interaction and verbalization; time sequence; depth perception; directionality; imagery.

All activities are good for handicapped students and can be used in a program. It is not the type of activity that is important, but rather the use of the proper activity to meet the specific needs of the learner when readiness occurs. The art educator must know how to develop a process, concept, element, or principle, from its simplest, most concrete form to, hopefully, an abstract concept.

Generally, these youngsters fatigue easily, have short attention spans, and quickly become discouraged or frustrated. To ensure success, lessons should always provide for repeat areas of some known skill or concept, which the student feels comfortable with and can achieve, plus the addition of a new process or concept to the lesson, for growth and challenge. Lessons should be broken down into short task-completing segments with short-term realistically achievable goals. A series of sequential art activities with reinforcement lessons promote learning. Evaluation is the key to programming. Through continuous evaluation and re-evaluation, new needs, future directions, and program adjustments can be determined.

MAINSTREAMING/LEAST RESTRICTIVE SETTING

Programming should be directed to students in special education art activities with the intent of preparing them to leave self-contained classes and be integrated into regular art classes. When the handicapped student is able to cope with abstract tasks, a multi-stimuli environment, independent work habits, degree of skills and social behavior compatible with the "regular" peer groups,

he is ready to be moved from his self-contained special art class and be integrated with non-handicapped children in a regular art class. This "mainstreaming" (or least restrictive setting) strives to help the handicapped child do a better job of adjusting, achieving, and coping with the real world when he grows up.

However, if a classified student is able to "handle" the regular art program, he *is not considered handicapped for art education*, and he belongs in the regular art program. It is not with these students that problems occur.

One of the major problems in mainstreaming appears to be the instruction adaptations within the regular art class. A possible solution is to use concept programming, whereby one concept is developed by all the students, but is solved in different ways. For example, in teaching the art element, "line", some students may weave lines; some may paint or do line drawings; others may create linear mobiles, string sculptures, or make line reliefs. This concept method affords all students opportunities to learn about an art element through art processes, while simultaneously solving problems at their own working pace, mental level, and physical ability.

Many school districts do not have self-contained special education art classes, either at the elementary or secondary level. Special children are automatically mainstreamed into regular art classes without prior readiness preparation. Oddly enough, by placing these special students into regular art programs of already overcrowded classes with informal structured settings that contain much

bombardment of extraneous stimuli and potential safety problems, with stress placed on abstract tasks, critical thinking, problem solving, and independent work habits, these students are actually placed in a *most restrictive environment*, least geared to their needs. When this occurs, selective programming for specific needs, record-keeping, and securing information are more difficult, but not impossible. All handicap problems which would affect his performances or any special needs, should be made known to the art educator. This should include I.E.P.s and/or prescriptions.

At the secondary level, the concept approach, the studio approach, and the "contract" method should be considered. The contract method permits the students to select the appropriate art experiences that they feel comfortable in handling. It also provides them with inner control of their own behavior to make choices of "what and how much productivity" they can successfully handle. This presents students with opportunities to control their own decisions, which is evidence of social maturity and increased self-confidence—something these students often lack.

The buddy system may be used effectively at all grade levels. It simply means finding a capable helper from the peer group to assist the student who is having difficulties.

Piecemeal programs produce fragmented learning. Special students find it difficult to make connections of facts. To have an effective learning experience, it is suggested that the educational staff pool their resources and teach to the students' needs in a combined manner. If the staff members zero-in on common educational problems simultaneously with their varied disciplines, desired behavioral changes will occur more quickly and at a more permanent rate.

For example, suppose a child has depth perception, near/far difficulties. The classroom teacher may utilize puzzles, blocks, Frostig and other written materials. The physical education teacher's activities may provide jumping over specific heights, running and touch-tagging objects at different distances. The art teacher could employ drawing experiences depicting fore, middle, and background; sculpture or constructions with depth experiences. The music teacher might stress sounds in the distance (soft and muffled) and sounds at close range (loud, sharp, and clear). This interdisciplinary approach requires more joint planning, but is very effective for student learning.

COMMUNITY INVOLVEMENT

Parents and community people can provide valuable resources in the program. Sometimes talented parents or community members are willing to come into your classes voluntarily and demonstrate their art or craft expertise. This motivates and encourages the students. It builds empathy and understanding by the community for the students and their program. In addition, these people usually become the art program's greatest supporters politically and may even supply the art program with free and useful materials.

Angel E. Shectman is itinerant special education art specialist for Cherry Hill, New Jersey, schools.

Scott D. Stoner identifies one of the problem areas in art therapy: the placing of handicapped students in a mainstreaming situation without adequate knowledge of the children's needs or of how to reach them through the art program. He reminds us that handicapped children do not produce handicapped art. He suggests close cooperation between art therapist and art educator, and recommends numerous cooperative programs between community, school, and university, for the enlightenment of all who work with persons with special needs.

A NOT SO "SPECIAL" APPROACH TO ART PROGRAMMING FOR THE PERSON WITH SPECIAL NEEDS

Scott D. Stoner, ATR

One of the observations I have made during my brief, but intensive career as an art educator/art therapist, is that handicapped persons don't produce "handicapped" art.

In our efforts to better the nature and needs of programming for diverse populations, I think we should consider the following:

• *IDENTIFICATION OF THE NEEDS OF PROGRAM CONSUMERS*

One of the major concerns identified by art teachers now struggling with implementation of the mainstreaming concept in the schools is lack of information about the mainstreamed student. The art class often becomes a "dumping ground" for those students who are academically unfit to be included in other classes. This problem is magnified by the fact that most art teachers have very little background in recognizing and understanding the characteristics of students with handicapping conditions.

While assessment and evaluation is probably one of the weaker areas of the art educator's training and expertise, it is a major skill of the registered art therapist. There are most regrettably very few accepted needs assessments in the arts for either non-handicapped or handicapped individuals. Since art therapists are trained to assess developmental levels of functioning and personality integration, it would seem appropriate for them to collaborate with art educators in developing instruments for a comprehensive assessment of each student's art readiness level. We all need to give more attention to asking and organizing questions about physical, intellectual, social and emotional characteristics of arts program participants—correlated with our knowledge and understanding of the creative arts process.

• *IDENTIFICATION OF THE NEEDS OF PROGRAM PROVIDERS*

Persons, or groups of persons, with identifiable mental or physical problems don't have extraordinarily different creative urges than other individuals. More often than not, their needs revolve around the problem of inaccessibility to arts programs.

What makes art programs accessible? The response is easiest when it is a matter of needing special equipment for someone with a physical disability, or breaking down a technique to step-by-step directions for the mentally retarded. But accessibility also has to do with attitudes and approaches to working with special populations through the arts. A young artist who works with The National Committee* Arts for the Handicapped as a Program Consultant, recently commented on this in relation to her own cerebral palsy:

"The hard part for me has been that able-bodied people are hesitant to think of a disabled person as being a creative, successful human being. I was not encouraged to achieve much beyond average accomplishments. Because of my physical condition, I was given limits by people who assumed that they know all about me, because they had read about cerebral palsy in their college textbooks. The fact that I was creative seemed more like a fluke accident rather than a cause for celebration and encouragement."

I am strongly urging that art therapists serve as collaborators with or consultants to art educators and those who conduct art programs for persons with special needs. This includes not only direct services to school administrators and teachers, but work with pre-service and in-service training programs as well. I am confident that with appropriate role definitions and delineation of tasks, art therapists and art educators can work together productively.

On Doing: Establish a Workable, Working Milieu

Successful implementation of programming in the arts takes a consistent monitoring of activities and an enormous amount of energy. The very essence of creative activity involves a constant need to be stimulated, active, and enthused. This is why there is no alternative but a developmental, sequential approach to planning for art—regardless of population or setting. We must work toward a total integration of the arts into existing program structures.

I am not an advocate of "handicapped curriculums" for handicapped students. However, there is a rather urgent need to begin adapting existing arts curriculums and planned programs for non-handicapped individuals to make them accessible for those with special needs.

Art therapists are currently working directly with students in educational settings around the country, to demonstrate ways in which traditional art education programming can be expanded to serve everyone.

Art therapists can introduce strategies for infusing the arts into existing programs, which are based upon their background and expertise in group dynamics and social interaction and the therapeutic aspects of non-verbal expression. Likewise, art educators bring with them an understanding and comprehension of the demands of the educational superstructure, and can identify ways in which to make the most impact as programs are expanded or refined.

• *IDENTIFICATION AND PROCUREMENT OF RESOURCES*

People resources are indeed the most valuable to development and maintenance of any program—especially in the arts. We need to begin thinking of and using others as resources, and as such, devise capabilities for exchange. University programs, educational and institutional programs, and professional organizations ought to consider exchanges of personnel. I believe, for instance, that if an art therapy educator were to spend a week or more speaking with the faculty and students of a university art education program, and vice versa, an extremely enlightening and beneficial interchange would occur.

One of the very positive effects of legislation for the handicapped has been the emphasis on parental and community involvement in educational programming. Arts festivals and program activities are highly visible, appealing ways in which to include parent and community participation. We need to continue to foster events (such as Very Special Arts Festivals), but particularly we need to emphasize and reinforce their role as elements of a comprehensive, on-going program in the arts.

The valuing of any aesthetic experience must be intertwined with both the understanding and doing of the process itself. I recently conducted a week-long training seminar in arts education for the handicapped for a State Department of Education, which included special education teachers, arts specialists, and regular classroom teachers. At the end of each day, participants completed an evaluation form on which they were asked to rate items such as: informative, stimulating, well-organized, relevant to my needs, responsive to participants' intercommunication, helpful for future planning and included space to identify further needs/specific comments. Fortunately, the participants were able to share what I considered to be pertinent feedback through this process. However, the most relevant feedback came through my own participation, or immersion, with them in the creative arts activities.

Scott D. Stoner, ATR, is coordinator, In-Service Training Project, The National Committee • Arts for the Handicapped, Washington, D.C.

SUMMARY

The National Art Education Association (NAEA) and the American Art Therapy Association (AATA) recognize that:

- Art is basic to all persons and to the total growth and development of all children and youth including individuals with special needs.
- All students need to receive planned systematic and ongoing programs in art.
- There are therapeutic experiences in Art Education and educational experiences in Art Therapy, and that the fields of Art Education and Art Therapy are related but distinct.
- There is a need for qualified art educators and art therapists. The National Art Education Association (NAEA) and the American Art Therapy Association (AATA) have established standards for practice and take responsibility for informing both professionals and the public.
- P.L. 94-142 recognizes the importance of the "use of the arts as a teaching tool for the handicapped . . . . as a viable, effective way not only of teaching special skills, but also of reaching youngsters who had otherwise been unteachable."

All students have the right to equal access to art and P.L. 94-142 is quite clear about the need for both "special education" and "related services." Art Education is part of the former, defined as "specially designed instruction to meet the unique needs of a handicapped child"; while Art Therapy would fall under the latter, defined as "those which are necessary to assist the child to benefit from special education."

We recognize that art educators and art therapists have developed exclusive roles, responsibilities, and requirements for training and professional development, and programs. We have identified the following:

Field	Art Education	Art Therapy
Personnel	Art Teacher	Art Therapist
Training	NAEA Standards	AATA Guidelines
Accreditation Practice	NAEA Standards for Practice Certification	AATA Standards for Practice Registration
Training Programs	NCATE State Education Department's approval of programs	AATA Education & Training Board Approval Process
Program	Curriculum	Treatment Plan
Responsibilities	Planning, implementation and evaluation of quality art programs	The use of art for the purpose of diagnostic assessment and treatment

PARTICIPANTS

Caroline Allrutz
Art Department
Northern Illinois University
DeKalb, Illinois 60115

Frances E. Anderson
Art Department
Illinois State University
Normal, Illinois 61761

Kent Anderson
Milwaukee Public Schools
5225 West Vliet Street
P.O. Drawer 10K
Milwaukee, Wisconsin 53201

Gary Barlow
Art Therapy
Wright State University
326 Creative Arts Building
Dayton, Ohio 45435

Carole Bowker
115 Dixboro Road
Ann Arbor, Michigan 48105

Janet Cantor
Dade County Public Schools
Administration Office
Lindsey Hopkins Building
1410 N.E. Second Avenue
Miami, Florida 33132

Jerilyn Changar
CEMREL, Inc.
3120 59th Street
St. Louis, Missouri 63139

Edmund B. Feldman
Art Department
University of Georgia
Athens, Georgia 30602

Martin Fischer
Executive Director
Toronto Art Therapy Institute
216 St. Clair Avenue
West Toronto M4V 1R2
Ontario, Canada

Sondra Gair
5134 Wissioming Road
Washington, D.C. 20016

Gwen Gibson
Hampton Plaza 1902
302 East Joppa Rd.
Baltimore, Maryland 21204

Pearl Greenberg
Department of Fine Arts
Kean College of New Jersey
Union, New Jersey 07083

Thomas A. Hatfield
State Art Consultant
State Department of Education
705 Rutledge Building
Columbia, South Carolina 29201

Helen Landgarten
2427 Arbutus Drive
Los Angeles, California 90049

Myra Levick
Hahnemann Medical College
and Hospital
7601 NCB
Philadelphia, Pennsylvania
19102

Virginia Minar
308 East Dean Road
Milwaukee, Wisconsin 53217

Sandra Packard
Dean, College of Education
Bowling Green State University
Bowling Green, Ohio 43403

John Rogers
Art Department
State University College at
Buffalo
1300 Elmwood Avenue
Buffalo, New York 14222

Judith A. Rubin
Pittsburgh Child Guidance
Center
201 DeSoto Street
Pittsburgh, Pennsylvania 15213

Angel E. Shectman
22 Eddy Lane
Cherry Hill, New Jersey 08002

Lewis K. Shupe
Art Therapy and Speech
Pathology
Wright State University
Dayton, Ohio 45435

Rawley A. Silver
5 Woodland Drive
Rye, New York 10580

Scott Stoner
The National Committee * Arts
for the Handicapped
1825 Connecticut Avenue,
N.W., Suite 418
Washington, D.C. 20009

Laurie Wilson
Graduate Art Therapy Program
New York University
735 East Building
239 Greene Street
New York, New York 10003

PROJECT DIRECTORS

Georgiana Jungels
Buffalo Psychiatric Center
Rehabilitation Building
400 Forest Avenue
Buffalo, New York 14213

John J. Mahlmann
Executive Director
National Art Education
Association
1916 Association Drive
Reston, Virginia 22091

CONSULTANT

Jamie Goldberg
Director, Program Development
Division
The National Committee * Arts
for the Handicapped
1825 Connecticut Avenue,
N.W., Suite 418
Washington, D.C. 20009